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## FORMAL AMENDMENT

Fax to: Examiner K. Hastings  
U.S. Patent and Trademark Office  
Group Art Unit 1731

At Fax Number: 703-872-9310  
(TC 1700)

From: Patrick J. G. Stiennon  
Date: January 31, 2003  
Time: 3:15  
Our Reference: FORSAL-18

This transmission has <sup>48</sup>~~18~~ pages (including this sheet)

There follows in Application No. 09/932,214.

- PTO/SB/21 Transmittal letter (1 p)
- PTO/SB/17 Fee Form (1 p) *authorization to charge one month extension of time (\$110), two additional claims (\$36), and one independent claim (\$84) (total of \$230)*
- PTO/SB/22 Petition for Extension of Time (1 p)
- PTO/SB/06 Amendment Fee Form (1 p)
- Amendment (7 pp)
- Version with Markings to Show Changes Made (2 pp)
- Four exhibit patents (34 pp)

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PTO/SB/21 (12-97)

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<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)		Application Number	09/932,214
		Filing Date	August 17, 2001
		First Named Inventor	Jyrki Savela
		Group Art Unit	1731
		Examiner Name	K. Hastings
Total Number of Pages in This Submission		Attorney Docket Number	FORSAL-18
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         • Version with Markings to Show Changes Made          • PTO/SB/06       </div>	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature		<i>Patrick J. G. Stiennon</i>	
Date		January 31, 2003	
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I hereby certify that this correspondence is being facsimile transmitted to United States Patent and Trademark Office on this date:			
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PTO/SB/06 (11-90)

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number FORSAL-18 App. No.: 09/932,214								
CLAIMS AS FILED - PART I						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)				RATE		FEE		RATE		FEE		
FOR	NUMBER FILED	NUMBER EXTRA												
BASIC FEE														
Total Claims	21	minus 20 =				1								
Independent Claims	4	minus 3 =				1								
MULTIPLE DEPENDENT CLAIM PRESENT														
*If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL				TOTAL				
CLAIMS AS AMENDED - PART II						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		(Column 3)		Rate		Additional Fee		Rate		Additional Fee		
AMENDMENT A		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra									
	Total	23	Minus	21	2	x \$9.00 =				x \$18.00 =		\$36.00		
	Independent	5	Minus	4	1	x \$42.00 =				x \$84.00 =		\$78.00		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+				+				
						Total Addit. Fee				Total Addit. Fee		\$114.00		
(Column 1)		(Column 2)		(Column 3)		Rate		Additional Fee		Rate		Additional Fee		
AMENDMENT B		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra									
	Total	0	Minus	**	0	x \$ =				x \$ =				
	Independent	0	Minus	***	0	x =				x =				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+				+				
						Total Addit. Fee				Total Addit. Fee				
(Column 1)		(Column 2)		(Column 3)		Rate		Additional Fee		Rate		Additional Fee		
AMENDMENT C		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra									
	Total	0	Minus	**	0	x \$ =				x \$ =				
	Independent	0	Minus	***	0	x =				x =				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+				+				
						Total Addit. Fee				Total Addit. Fee				
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3 **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

PTO/SB/06 (11-90)

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